



Midwifery Care Associates, P.C.
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HOSPITAL BIRTH INFORMED CONSENT

All birth places carry some risks to mother and baby. Certain hazards exist whether birth occurs in or out of the hospital. It has not been determined that any one setting is preferable for all births. Studies are now in progress to evaluate this question, and the outcome will likely be approval of a variety of settings depending on individual client needs.

We have chosen to have a hospital birth, based on what we believe to be a thorough examination of the alternatives. We have discussed our prenatal care and birth options between ourselves, and with the midwives and their consultant physicians to the extent we think necessary. After considering these options, we have asked Midwifery Care Associates, P.C. to provide prenatal care and assist us in our birth.

In choosing to have a hospital birth, we knowingly accept responsibility for our labor and birth. We realize that no matter how carefully our risk status is assessed, there can arise emergencies or other unforeseen events resulting in a poor outcome.

Although birth is a natural physiological process, its outcome is not always favorable. Certain medical conditions may necessitate transfer of our care from Midwifery Care Associates to physician management for mother and/or infant. We understand that some medical conditions exist which jeopardize the baby's life, freedom from disability, and even the mother's life and health.

For the mother, these conditions include, but are not limited to: labor prior to 37 completed weeks or after 42 completed weeks gestation; glucose intolerance of pregnancy; active genital herpes; severe allergic reaction to medications commonly used in childbirth; and prolonged rupture of membranes without labor.

For the baby, these medical conditions include, but are not limited to: fetal distress in labor; meconium stained fluid; prolapsed of the umbilical cord; stillbirth; respiratory distress after delivery; undiagnosed cardiac abnormalities; severe jaundice; severe sepsis; multiple birth; or malpresentation (breech or transverse).

Initials: _____

We understand that should a medical emergency occur during our birth, it will be handled in a medically supportive fashion until transfer of care to the physician can be accomplished. We further understand that the above list of medical complications is incomplete and does not include other unpredictable complications that could arise while giving birth. We agree to transfer mother and/or infant to physician management if the course of pregnancy, birth or postpartum period becomes medically complicated. Whenever possible, decisions regarding such transfer of care will be made jointly between us, the midwives, and the consulting physicians. However, the situation may arise where we must rely solely on the discretion of the midwives and/or consultant physicians, and in these situations, we agree to accept her/his professional judgment with regard to the nature of treatment or emergency treatment to be rendered.

In the course of our care we understand that we are fully responsible for the accuracy of the information given by us or requested of us by the midwives or physicians. We understand that the management of our care will be based upon this information among other considerations. Therefore we agree to cooperate fully with the midwives and/or consultant physicians in providing information and following directions given us.

We hereby consent to the care to be provided by Midwifery Care Associates and we hereby release the midwives and their consultant physicians from all liability arising from acts or omissions on their part while functioning according to their medically approved protocols.

_____	_____
Client	Partner
_____	_____
Midwife	Date